

# Beckett House Practice

## Quality Report

Beckett House Practice  
Grantham Road  
London  
SW9 9DL

Tel: 020 7738 7030

Website: [www.becketthousepractice.nhs.uk](http://www.becketthousepractice.nhs.uk)

Date of inspection visit: 7 January 2016

Date of publication: 06/04/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Beckett House Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

We carried out an announced comprehensive inspection at Beckett House Practice on 7 January 2016. Overall the practice is rated as Outstanding.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

- The practice was well equipped to treat patients and meet their needs. Information about how to complain was available in a variety of languages and was easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw several areas of outstanding practice including:

- The practice had translators who would attend the practice on set days each week to accommodate Portuguese and other foreign languages speakers. Twenty percent of the practice's population were Portuguese speaking and 11% were Spanish speaking. Fifty percent of the Portuguese speaking population and 58 % of Spanish speakers required the use of a translator. The practice had developed its translation policy on the basis of feedback they had received from patients and had a range of information translated into other languages;

# Summary of findings

including their complaint policy and chaperoning policy. The practice's out of hours answer phone message had also been translated into three different languages.

- The practice had completed business cases in conjunction with two colleagues from other federations which resulted in funding being obtained for two initiatives which were introduced to other practices in the locality. Firstly the practice had helped to introduce Primary Care Navigators (non clinical staff trained to provide information and make referrals to support agencies that could help patients manage their long term conditions more effectively) within the locality. The practice's Primary Care Navigator had referred 25 patients since July 2015 compared with no referrals between April and June 2015; prior to the introduction of the care navigator. The Primary Care Navigators within the practice are both Spanish and Portuguese speakers to ensure that people who speak these languages are able to access this service. The practice had also worked to obtain funding from the CCG to make the holistic health assessment programme viable for GPs in the locality and participated in a subsequent audit which showed a significant increase in the numbers of the assessments being conducted and ensured that funding was continued.

- The practice manager costed and setup a weekend winter hub at a neighbouring GP practice over the winter of 2014/15. This was staffed by receptionists from the practice who worked outside of their contracted hours. The hub enabled other providers in the locality, out of hours services and A & E services to divert patients where appropriate over the busy winter period. Work undertaken at the winter hub formed the basis of a successful bid to fund local extended hours access hubs under the Prime Minister's challenge fund as those practices involved were able to demonstrate, through joint working, their ability to operationalise a service at short notice with limited resources.

The areas where the provider should make improvement are:

- The practice should ensure that all staff complete annual basic life support training.
- The practice should review the systems to ensure mediciens are fit for use.
- The practice should review their fire safety policy and consider fire safety training for all staff.
- The practice should consider instituting a programme of clinical audits.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a clinical audit which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- There are innovative approaches to providing integrated person-centred care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- People can access appointments and services in a way and at a time that suits them; though wait to see a GP when patients attended the surgery was an issue for some.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders where appropriate.
- The practice had worked to obtain funding from the CCG to make the holistic health assessment programme within the CCG, making this financially viable for GPs in the locality, and participated in a subsequent audit which showed a significant increase in the numbers of the assessments being conducted.
- The practice had worked to introduce primary care navigators within the locality. These are non-clinical staff trained to provide information and support and referrals to educational programmes with long term conditions. The practice primary care navigator was fluent in other languages spoken by a proportion of the practice population.
- The practice had assisted in the development of a local Portuguese community project. Although the programme was initiated by another surgery the practice had brought this within the locality and worked with the CCG to obtain additional funding which has resulted in quicker development of the initiative.

## Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had been active in securing locality wide funding for Holistic Health Assessments (HHA) for patients over 80, over 65 and housebound or those over 65 who had not seen their GP in 15 months. These assessments reviewed both health and social needs and put measures in place to address any needs not being met. An audit of the assessments found that one in three patients had two onward referrals to other health care agencies as a result of the findings in the assessment. The practice helped to compile a business case to secure funding for 5500 HHAs to be completed in the locality in 2015/16.
- The practice attended North Lambeth Community Multi-Disciplinary Team (CMDT) meetings where patients who had received an HHA were reviewed and discussed. The meetings were attended by various health and social care organisation and case studies were used to generate ideas and take actions in respect of how to best coordinate care and services in the local community. This has resulted in increased awareness in both the practice and wider locality of the services available to support older people in their care. One of the practice partners was the co-chair of the CMDT and had increased attendance among general practices in the area by offering educational sessions after each meeting.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 83.17% compared to 77.54% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in

# Summary of findings

the preceding 12 months) is 140/80 mmHg or less was 88.24% compared to 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98.46% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85.51% compared to 80.53% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98.66% compared with 88.3% nationally.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice reviewed patients who had frequent A & E admissions. They assessed the needs of these patients and provided education and information on different services in the area in order to reduce the number of unnecessary admissions.
- The practice had trained non clinical members of staff to act as primary care navigators for patients with diabetes; providing patients with information on sources of support to help patients manage their condition. Staff at the practice had been instrumental in getting this initiative introduced in the locality. The primary care navigator was fluent in Spanish and Portuguese to ensure that patients who only spoke these languages were able to access this service. The introduction of the service had resulted in increased referrals to a locally run diabetic educational programme.

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good





# Summary of findings

- The practice's uptake for the cervical screening programme was 77.19% which was comparable to the CCG average of 79.7% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice also ran a virtual clinic with a consultant from a local hospital.

## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- One of the practice GPs was the lead for learning disability and undertook annual reviews of learning disabled patients to ensure that health and social needs were being met, provide additional support where required and update care plans.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly hosted a worker from Citizen's Advice Bureau who provided patients with information on a range of social issues.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- One hundred percent of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91.67% compared with 88.47% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91.67% compared to 89.55% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94.01% compared to 94.1% nationally.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and sixty one survey forms were distributed and 92 were returned.

- 76.3% found it easy to get through to this surgery by phone compared to a CCG average of 76.5% and a national average of 73.3%
- 90.8% found the receptionists at this surgery helpful (CCG average 86.7% national average 86.8%)
- 92.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82.9%, national average 85.2%).
- 86.9% said the last appointment they got was convenient (CCG average 90.1%, national average 91.8%)
- 84.6% described their experience of making an appointment as good (CCG average 71.6%, national average 73.3%).
- 50% usually waited 15 minutes or less after their appointment time to be seen (CCG average 59.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards of which 35 were positive about the standard of care received. Most patients described all staff as helpful and caring. Patients expressed that they received the treatment and care that they needed. Several patients mentioned that they liked the surgeries appointment system and others referred to the high standard of cleanliness within the practice. Of the three negative comments; mention was made to the length of time patients had to wait to see a doctor when they arrived for an appointment and another patient referred to the unhygienic condition of the patient bathrooms. The facilities were in good order on the day of our inspection.

We spoke with 11 patients during the inspection. Eight of the eleven patients described their care as good and said that staff were approachable, committed and caring. Three patients were non-committal as to the quality of care received. One patient expressed dissatisfaction with the care that they had received. Six patients said that they were satisfied with the appointment system and five expressed dissatisfaction and said that waiting times were long.

# Beckett House Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

## Background to Beckett House Practice

Beckett House practice operates within the Lambeth CCG area. It has a practice population of approximately 6337 patients. It is ranked within the third most deprived decile on the IMD deprivation score. It has a higher number of patients aged between 20 and 49 than the national average and a lower number of elderly and infant patients compared to the national average. There are higher numbers of both working age and unemployed when compared nationally. Numbers of those with a long standing health concern or disability are lower when compared with national averages. The practice caters to a large Spanish and Portuguese speaking population as well as a number of patients who are Somalian. 21% of the practice population require the use of an interpreter.

The practice has three GP partners and three salaried GPs. One of the GPs is male and five are female. There are two practice nurses. The practice is a teaching practice.

The practices opening hours are between 8.00 am and 6.30 pm Monday, Tuesday, Thursday and Friday and 8.00 am till 8.00 pm Wednesday. The surgery is closed on Saturday and Sunday. The practice offers 27 sessions per week.

Patients are directed to the local out of hours provided when the practice was closed.

The practice is located at Grantham Road, London, SW9 9DL which is a purpose built premises located over two floors. The premises are shared with another GP surgery and the reception area is shared; though staffing is separate. There is joint up working between the practice management in both practices in relation to areas which involve the premises.

The practice has not been inspected under the previous inspection regime.

Beckett House Practice is registered with the CQC to provide the following regulated activities: treatment of disease disorder and injury, diagnostic and screening procedures, maternity and midwifery services and surgical procedures. The surgery operates under a personal medical services contract and is contracted to provide the following extended services: childhood immunisations and vaccinations, extended hours, facilitating timely diagnosis of dementia, influenza and pneumococcal, learning disabilities, minor surgery, patient participation group, remote care monitoring and rotavirus and shingle immunisations.

The practice is a member of GP Federation North Lambeth Practices Limited.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 7 January 2016. During our visit we:

- Spoke with a range of staff GPs, Nurses, practice management and reception and administrative staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager and these would be documented on a significant event analysis sheet.
- The practice carried out a thorough analysis of the significant events.
- All patient deaths were treated as significant events and discussed at clinical meetings.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example there was an occasion where a member of the reception staff asked a GP to reprint a prescription for a controlled drug as they were unable to locate the original. Upon further investigation the prescription was found to have been signed for and the medicine given to the patient. The practice undertook a review of the policies in place for handling controlled drug prescriptions and found them to be satisfactory. The practice then provided reception staff with refresher training on the process for controlled drug prescriptions to prevent similar incidents from reoccurring in the future and this was incorporated into staff induction training.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines reviews to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

## Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. However we found no evidence of staff having completed any fire safety training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. GPs offered 27 sessions per week. We were told that the practice's part time working structure provided a degree of flexibility which enabled staff to cover for one another when they needed time off as a result of personal or health problems. We were also told that reception and admin staff were multi skilled which enabled staff to cover for those who were absent.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Although all staff had completed basic life support training much of this training for non-clinical staff had not been completed within the last year and was out of date. The practice manager informed us that they were unaware of the new guidelines recommending that basic life support training be completed for all staff annually but that the practice would ensure that this was completed in accordance with the guidelines going forward. The practice provided a risk assessment for the staff whose life support training was out of date and evidence to confirm that this has now been completed.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available, with 7.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 83.17% compared to 77.54% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 88.24% compared to 78.03% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 98.46% compared to 94.45% nationally. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 85.51% compared to 80.53% nationally. The

percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98.66% compared with 88.3% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84.38% compared with 83.65% nationally.
- Performance for mental health related indicators was similar to the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91.67% compared with 88.47% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 91.67% compared to 89.55% nationally. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94.01% compared to 94.1% nationally.
- The dementia diagnosis rate was above the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with 84.01% nationally.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, one of these was a completed audit relating to the adequacy of smears undertaken by the practice. The Practice had completed the initial audit in 2013/14 and the percentage of smears determined to be inadequate was 3.5%. Practice staff were then provided with additional training to improve adequacy of smears and the number of inadequate smears had reduced to 2.99% when re audited in 2014/15.
- The practice participated in applicable local audits including one regarding the effectiveness of the Holistic Health Assessment scheme which was undertaken with the assistance of colleagues from other federations in the area.



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements. For instance the practice reviewed patients who had frequent accident and emergency (A & E) admissions. They assessed the needs of these patients and provided education and information on different services in the area in order to reduce the number of unnecessary admissions. The practice also reviewed patients who had unplanned admissions and completed an admissions avoidance template which again aimed to reduce the number of unnecessary attendance at A & E while ensuring that patients received the necessary support they required within the community.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example for those administering vaccinations, ear irrigation, HIV and taking samples for the cervical screening programme.
- Clinical staff had completed safeguarding training regarding female genital mutilation and were clear about their responsibility to refer any instances to the relevant safeguarding departments.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. The practice used the choose and book service to enable patients to choose their secondary care provider. The practice supported patients who required a translator to use this service.
- The practice received direct reports electronically from the local out of hours provider.
- The practice followed up patients who did not attend appointments with other services and would send bulk text reminders to frequent non-attenders.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and the practice held meetings with community nurses including palliative care nurses, district nurses and health visitors on a fortnightly basis and with palliative care providers on a three monthly basis. Care plans were routinely reviewed and updated at these meetings.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment on a consent form.

## Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service for instance the local carers hub and other support services including a local organisation that promoted and assisted independent living for those over 55, disabled or who acted as a carer.
- Patients could be referred by a GP or nurse to a dietician who would provide advice and support on the premises and one of the practice nurses ran a smoking cessation clinic.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical

screening programme. The practice's uptake for the cervical screening programme was 77.19% which was comparable to the CCG average of 79.7% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and pro actively contacted non-attenders.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 78% and five year olds from 94.9% to 78%. Flu vaccination rates for the over 65s in 2013/14 were 63.93% which is below the national average. For at risk groups the flu vaccination rates were 62.93% which was above the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 38 CQC comment cards we received 35 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They said that they felt confident about the treatment provided by clinical staff.

We also spoke with a member of the patient participation group. They described the surgery as providing a five star service and said that it was continually getting better. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93.5% said the GP was good at listening to them compared to the CCG average of 87.6% and national average of 88.6%.
- 91% said the GP gave them enough time (CCG average 83.9%, national average 86.6%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%)

- 87.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.5%, national average 85.1%).
- 96.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85.4%, national average 90.4%).
- 90.8% said they found the receptionists at the practice helpful (CCG average 86.7%, national average 86.8%)

The practice participated in the friends and family scheme. Records indicated 82% of respondents would recommend the practice to friends and family, 13% would not recommend the practice and 5% did not know either way.

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.9% and national average of 86.0%.
- 81.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.2%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice

## Are services caring?

list as carers. Written information was available on a large notice board within the practice's reception area and on their website to direct carers to the various avenues of support available to them. An alert would also highlight carers on the practice's computer system which would be used by staff to provide information on the local service, make referrals to social services where appropriate and provide tailored advice regarding services that were specific to their circumstances; for example Age UK or Dementia UK.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer emotional support and ask if they wanted a consultation at a flexible time and location to meet the family's needs and provide advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice participated in Southwark and Lambeth Integrated Care (SLIC) which is a network of local GPs, the three local NHS Foundation Hospital Trusts, Southwark and Lambeth CCGs, social care and local people, supported by Guy's and St Thomas' Charity.

The practice manager supported the National Association of Primary Care to introduce the Primary Care Navigator programme to five out of twelve practices within the Local Care Network. The Primary Care Navigator programme enables non clinical staff working within the practice to be trained to provide information about health and social care services regarding various health concerns and to refer patients to appropriate support agencies. The practice had a diabetes primary care navigator who guided patients with this condition to various sources of support. This has resulted in increased take up of a diabetes educational programme with 25 patients having been referred since July 2015 compared with April and June 2015 when no patients were referred. The primary care navigators within the practice are fluent in both Spanish and Portuguese which ensured that people who spoke these languages were able to access this service.

The practice manager together with two colleagues from other federations negotiated with the CCG to obtain increased funding for Holistic Health Assessments (HHA) in 2014/15. These are extended appointments for those over 80, those over 65 and housebound or those over 65 who haven't seen their GP in 15 months, which review both health and social needs and put measures in place to address any needs not being met. Previously the scheme had not been financially viable for GPs to participate. As a result of obtaining this additional funding the number of HHAs had increased in the North Lambeth with all 12 practices within North Lambeth now undertaking HHAs for patients. The practice had completed 55 HHAs in 2014/15 of which 24 were in patient homes. The practice also participated in an audit and put a business case together with colleagues from other federations to ensure that the

initiative continued into 2015/16; obtaining funding for 5500 assessments. In 2015/16 the practice had so far completed 48 HHAs of which 18 had been in patient homes. One of the practice nurses had conducted HHA for patients at a neighbouring practice who did not have sufficient resources to attend housebound patients.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Patients were not telephone triaged and the practice had a policy of offering same day appointments to any patient who considered themselves in need of emergency treatment.
- The layout of the practice building was not ideally suited to accommodate those with mobility difficulties. The front doors were heavy and patients with mobility issues were required to buzz the door and wait for a member of staff to come and assist them with the entrance. The practice informed us that they were considering getting electronic doors but that they had not done so due to financial constraints. Patients were then required to go through a second door which, though narrow, was both wheel chair and pushchair accessible. The practice had made adjustments to the reception area for disabled patients who could be seen at a lowered window. The practice had a hearing loop which had been purchased prior to the inspection but not installed. We have seen evidence that this has now been installed. Though consulting rooms were located on both the ground and first floor, reception staff would be alerted to a patient's disability when these patients made an appointment and ensured that they were accommodated on the ground floor.
- Twenty percent of the practice's population were Portuguese speaking and 11% were Spanish speaking with 50% of the Portuguese speaking population and 58 % of Spanish speakers required the use of a translator. The practice had onsite Spanish and Portuguese translators who would visit the practice several times per week. Patients were coded on the practice's electronic systems to ensure that translation services would be provided for patients where required. The practice had notice boards and literature that was in different languages including information on relevant

# Are services responsive to people's needs?

## (for example, to feedback?)

support services, complaint policy and chaperoning policy. The practice's out of hours telephone message was also translated into three languages. The practice also employed members of reception and administrative staff who spoke the languages of the local population which facilitated ease of access to appointments.

- The practice was participating in a local Portuguese community project which had been initiated by a clinician from another GP surgery. The project aimed to develop educational information for Portuguese speakers on how to access health services in the UK in addition to providing a network to support the Portuguese community to access healthcare and trying to better understand the needs of this community. The practice had assisted in obtain locality funding for the project.
- The practice were undertaking a pilot where patients are offered 15 minute appointments as standard in order to accommodate those who required the assistance of a translator and reduce waiting times.

### Access to the service

The practice was open between 8.00 am and 6.30 pm Monday, Tuesday, Thursday and Friday and 8.00 am till 8.00 pm Wednesday. The surgery was closed on Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. We were told that patients could usually get a routine appointment within two days if they did not request a specific doctor.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 76.3% patients said they could get through easily to the surgery by phone (CCG average 76.5%, national average 73.3%).

- 84.6% patients described their experience of making an appointment as good (CCG average 71.6%, national average 73.3%).
- 50% patients said they usually waited 15 minutes or less after their appointment time (CCG average 59.6%, national average 64.8%). Longer waiting times was something that had been raised by patients in the feedback that the practice had collected; though there were many patients who also commented on how quickly they had been seen. Patients we spoke to on the day also reported waiting anything between 15 minutes and an hour to be seen by the doctor. This may have been a result of the practice's policy of seeing all patients who requested an emergency appointment on the same day.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information on how to complain was available in a practice leaflet and on the practice's website. The complaint leaflet was available in Portuguese and Spanish as well as English.

We looked at several complaints received in the last 12 months and found these were handled in an open and transparent manner and that timely responses were provided. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had an informal policy of offering an interpreter to patients where English was not their first language and communication issues were identified. A formal complaint was made describing the policy as discriminatory. As a result of this incident the practice had codified their policy around translation services. It was decided that patients would be required to have a translator at their initial consultation where there were perceived language difficulties. They would then be asked, with the assistance of the translator,

## Are services responsive to people's needs? (for example, to feedback?)

if they wanted to have a translator present at subsequent consultations to ensure that any refusal of translation services was informed. As the policy was initially met with resistance; the practice held training for staff on how to implement the new procedure effectively and deal with

patient objections. This has reduced the number of patients who complained when they were offered translation services while at the same time ensuring that translations services were provided where appropriate and that any refusal of this service was informed.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- Though the practice had clear strategic plans in place which reflected the aims and values of the practice these were not formalised in a written business plans.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- Though we saw evidence that clinical audits had been undertaken there was no programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had reviewed their staffing structure and promoted members of the team and taken on additional employees to enable other members of staff to become more active in the locality and take on leadership roles within the federation.

### Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings; though given the part time working of most staff it was difficult to ensure that all staff were able to attend every meeting. The practice provided minutes from meetings to staff that had been unable to attend.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff said that they appreciated the amount of training provided by the practice and that they were actively encouraged to develop and seek promotion where opportunities became available.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

and submitted proposals for improvements to the practice management team. For example, the PPG told practice staff that it was often difficult to get through to the practice by telephone. The practice had installed a new telephone system which had increased the number of telephone lines from two to four and placed waiting patients in a queue system. This also increased the number of telephone consultations the practice were able to offer. The practice had received positive feedback from the PPG about the new phone system. Patients also had reported that they found it difficult to obtain repeat prescriptions. The process for obtaining repeat prescriptions was modified and staff would contact patients when their prescription requests were rejected to explain why. The practice was also redecorated on the basis of PPG feedback.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For instance we were told by reception staff that patients frequently attended the surgery for repeat prescriptions of medicines that required a periodic review to be undertaken by a GP. The practice policy required patients to attend a review appointment before certain repeat medicines were prescribed. After feedback from reception about how unhappy patients were with this policy, the process was reviewed and a system was introduced where patients were given a shorter repeat prescription while they made an appointment for review. We were told that this reduced the number of dissatisfied patients that reception had to deal with. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice will be participating in a pilot for the introduction of the Local Care Record, which enables all health and social care services in the area to access and share patient information. The practice was used for baseline audits to look at the benefits of introducing the system.
- Patients who had HHAs were reviewed regularly at Community Multidisciplinary Team CMDT meetings; which involve groups of health, social care, voluntary and community sector professionals coming together to discuss and improve care pathways for complex patients. Historically attendance from by GPs in the area had been low. One of the practice partners, after being appointed co-chair, successfully increased representation from all practices within the locality at CMDTs by adding educational sessions to ensure that practice representatives obtained value from attendance even when their cases were not discussed.

The practice manager costed and setup a weekend winter hub at a neighbouring GP practice over the winter of 2014/15; arranging staffing and ways of working which enabled information to be shared between practices for patients referred and booked. This was staffed by receptionists from the practice who worked outside of their contracted hours. The hub enabled other providers in the locality, out of hours services and A & E services to divert patients where appropriate over the busy winter period. Work undertaken at the winter hub formed the basis of a successful bid to fund local extended hours access hubs under the Prime Minister's challenge fund as those practices involved were able to demonstrate, through joint working, their ability to operationalise a service at short notice with limited resources. The health hubs freed up resources within the practice enabling more time to be spent treating those with long term conditions and undertaking Holistic Health Assessments.